

**AN AMENDED RESOLUTION BY
FINANCE/EXECUTIVE COMMITTEE**

02-R-1642

AUTHORIZING THE MAYOR TO ENTER INTO AN AGREEMENT TO EXTEND THE HEALTH AND DENTAL INSURANCES FOR PLAN YEAR 2003 WITH BLUE CROSS BLUE SHIELD OF GEORGIA, INC. (FC-7135-99D); KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC.-KAISER PERMANENTE (FC-7135-99B); BLUE CROSS BLUE SHIELD OF GEORGIA, INC./GROUP INSURANCE ADMINISTRATION, INC., A JOINT VENTURE (FC-7135-99E); OHS, A COMPBENEFITS COMPANY (FC-7135-99F) FOR FC-7135-99, HEALTH AND DENTAL BENEFITS; ESTABLISHING PREMIUM RATES FOR HEALTH AND DENTAL INSURANCE FOR 2003; AND FOR OTHER PURPOSES.

WHEREAS, the City of Atlanta did enter into contracts for health and dental benefits for City of Atlanta employees FC-7135-99 with Blue Cross Blue Shield of Georgia, Inc.; Kaiser Foundation Health Plan of Georgia, Inc., - Kaiser Permanente; Blue Cross Blue Shield of Georgia, Inc./Georgia Insurance Administration, Inc., A Joint Venture; and OHS, a CompBenefits Company for health and dental insurance, subject to annual accounting and rate adjustments; and

WHEREAS, said contract will expire December 31, 2002 and an extension is required for Plan Year 2003; and

WHEREAS, the City of Atlanta did advertise and solicit proposals for FC-7489-02, Health and Dental Benefits on behalf of the Department of Finance; and

WHEREAS, the City of Atlanta did cancel the solicitation FC-7489-02, due to the limited number of responses received from Health Insurance Carriers which limited the City's ability to obtain the best possible contract to provide quality and affordable health care coverage to City employees; and

WHEREAS, the contractors have performed satisfactorily; and

WHEREAS, the Chief Financial Officer and the Purchasing Agent of the Bureau of Purchasing and Real Estate have recommended the extension for Plan Year 2003 with Blue Cross Blue Shield of Georgia Inc., (FC-7135-99D); Kaiser Foundation Health Plan of Georgia, Inc., - Kaiser Permanente, (FC-7135-99B); Blue Cross Blue Shield of Georgia, Inc./Georgia Insurance Administration, Inc., A Joint Venture (FC-7135-99E); and OHS, a CompBenefits Company (FC-7135-99F).

NOW THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF ATLANTA, GEORGIA, as follows:

SECTION 1: That the Mayor is authorized to enter into an extension agreement with Blue Cross Blue Shield of Georgia Inc., (FC-7135-99D); Kaiser Foundation Health Plan of Georgia, Inc., - Kaiser Permanente, (FC-7135-99B); Blue Cross Blue Shield of Georgia, Inc./Georgia Insurance Administration, Inc., A Joint Venture (FC-7135-99E); and OHS, a CompBenefits Company (FC-7135-99F), for health and dental insurance for one year beginning January 1, 2003 and ending December 31, 2003.

SECTION 2: That the City Attorney be and is hereby authorized to approve the agreements as to form.

SECTION 3: That these agreements shall not become binding on the City, and the City shall incur no liability upon same until such agreements have been executed by the Mayor, sealed by the Municipal Clerk, and delivered to the contracting parties.

SECTION 4: That all services to be performed under these agreements shall be charged to and paid from 1A01 529007 T31001.

SECTION 5: The Office of Contract Compliance will maintain ongoing negotiations and monitoring with the carriers to ensure minority and female participation for the 2003 Plan Year.

SECTION 6: That the monthly premium rates for 2003 shall be as follows:

BlueCross BlueShield Health Plans

BlueCross BlueShield Medical High Option	Total Cost	Employee Cost
<u>Without Medicare</u>		
Employee/Retiree only	529.64	347.09
Employee/Retiree and child(ren)	930.22	610.76
Employee/Retiree and spouse	1,339.40	883.02
Employee/Retiree and family	1,738.97	1,136.55
Beneficiary child(ren)	400.58	218.03
Widow(er)	809.76	627.21
Widow(er)/bene child(ren)	1,209.35	889.89

<u>With Medicare</u>		
Retiree only	450.20	222.27
Retiree and child(ren)	850.78	420.06
Retiree and spouse (1 Medicare)	1,259.96	622.09
Retiree and spouse (2 Medicare)	1,138.51	562.13
Retiree and family (1 Medicare)	1,659.52	818.86
Retiree and family (2 Medicare)	1,539.07	759.92
Beneficiary child(ren)-Medicare	0.00	0.00
Widow(er) only-Medicare	688.29	339.83
Widow/bene child-Medicare	1,088.88	537.64

BlueCross BlueShield Medical Low Option	Total Cost	Employee Cost
<u>Without Medicare</u>		
Employee/Retiree only	450.20	267.65
Employee/Retiree and child(ren)	790.65	471.19
Employee/Retiree and spouse	1,138.51	682.13
Employee/Retiree and family	1,478.96	876.54
Beneficiary child(ren)	340.44	157.89
Widow(er)	688.29	505.74
Widow(er)/bene child(ren)	775.91	456.45

<u>With Medicare</u>		
Retiree only	382.68	154.75
Retiree and child(ren)	723.15	292.43
Retiree and spouse (1 Medicare)	1,070.97	433.10
Retiree and spouse (2 Medicare)	967.73	391.35
Retiree and family (1 Medicare)	1,411.46	570.80
Retiree and family (2 Medicare)	1,308.18	529.03
Beneficiary child(ren)-Medicare	0.00	0.00
Widow(er) only-Medicare	585.05	236.59
Widow/bene child-Medicare	925.53	374.29

BlueCross BlueShield PPO High Option	Total Cost	Employee Cost
<u>Without Medicare</u>		
Employee/Retiree only	420.60	238.05
Employee/Retiree and child(ren)	738.72	419.26
Employee/Retiree and spouse	1,063.66	607.28
Employee/Retiree and family	1,380.97	778.55
Beneficiary child(ren)	318.10	135.55
Widow(er)	643.06	460.51
Widow(er)/bene child(ren)	960.39	640.93

<u>With Medicare</u>		
Retiree only	357.53	129.60
Retiree and child(ren)	675.63	244.91
Retiree and spouse (1 Medicare)	1,000.57	362.70
Retiree and spouse (2 Medicare)	904.12	327.74
Retiree and family (1 Medicare)	1,317.90	477.24
Retiree and family (2 Medicare)	1,222.22	443.07
Beneficiary child(ren)-Medicare	0.00	0.00
Widow(er) only-Medicare	546.59	198.13
Widow/bene child-Medicare	864.72	313.48

BlueCross BlueShield PPO Low Option	Total Cost	Employee Cost
<u>Without Medicare</u>		
Employee/Retiree only	357.53	174.98
Employee/Retiree and child(ren)	627.88	308.42
Employee/Retiree and spouse	904.12	447.74
Employee/Retiree and family	1,174.50	572.08
Beneficiary child(ren)	270.37	87.82
Widow(er)	546.59	364.04
Widow(er)/bene child(ren)	816.99	497.53

<u>With Medicare</u>		
Retiree only	303.90	75.98
Retiree and child(ren)	574.29	143.57
Retiree and spouse (1 Medicare)	850.49	212.62
Retiree and spouse (2 Medicare)	768.51	192.13
Retiree and family (1 Medicare)	1,120.88	280.22
Retiree and family (2 Medicare)	1,038.86	259.72
Beneficiary child(ren)-Medicare	0.00	0.00
Widow(er) only-Medicare	464.61	116.15
Widow/bene child-Medicare	734.99	183.75

BlueCross BlueShield HMO	Total Cost	Employee Cost
<u>Without Medicare</u>		
Employee/Retiree only	223.17	40.62
Employee/Retiree and child(ren)	392.76	73.30
Employee/Retiree and spouse	490.95	34.57
Employee/Retiree and family	691.80	89.38
Beneficiary child(ren)	169.61	0.00
Widow(er)	267.80	85.25
Widow(er)/bene child(ren)	468.64	149.18
<u>*With Medicare</u>		
Retiree only	128.34	0.00
Retiree and child(ren)	297.93	0.00
Retiree and spouse (1 Medicare)	396.12	0.00
Retiree and spouse (2 Medicare)	256.68	0.00
Retiree and family (1 Medicare)	596.97	0.00
Retiree and family (2 Medicare)	426.27	0.00
Beneficiary child(ren)-Medicare	192.51	192.51
Widow(er) only-Medicare	128.34	0.00
Widow/bene child-Medicare	297.93	0.00

***Medicare eligible members must enroll in Blue Choice Platinum**

Kaiser Permanente Health Plans

Kaiser Permanente HMO	Total Cost	Employee Cost
<u>Without Medicare</u>		
Employee/Retiree only	217.07	34.52
Employee/Retiree and child(ren)	379.87	60.41
Employee/Retiree and spouse	542.68	86.30
Employee/Retiree and family	716.33	113.91
Beneficiary child(ren)	217.07	34.52
Widow(er)	217.07	34.52
Widow(er)/bene child(ren)	379.87	60.41

<u>*With Medicare</u>		
Retiree only	220.75	0.00
Retiree and child(ren)	383.55	0.00
Retiree and spouse (1 Medicare)	437.82	0.00
Retiree and spouse (2 Medicare)	441.50	0.00
Retiree and family (1 Medicare)	687.45	0.00
Retiree and family (2 Medicare)	658.57	0.00
Beneficiary child(ren)-Medicare	220.75	220.75
Widow(er) only-Medicare	220.75	0.00
Widow/bene child-Medicare	383.55	0.00

Kaiser Permanente POS	Total Cost	Employee Cost
<u>Without Medicare</u>		
Employee/Retiree only	243.40	60.85
Employee/Retiree and child(ren)	425.95	106.49
Employee/Retiree and spouse	608.50	152.13
Employee/Retiree and family	803.22	200.81
Beneficiary child(ren)	243.40	60.85
Widow(er)	243.40	77.68
Widow(er)/bene child(ren)	425.95	106.49

<u>*With Medicare</u>		
Retiree only	N/A	N/A
Retiree and child(ren)	403.30	0.00
Retiree and spouse (1 Medicare)	464.15	0.00
Retiree and spouse (2 Medicare)	N/A	N/A
Retiree and family (1 Medicare)	744.06	0.00
Retiree and family (2 Medicare)	684.90	0.00
Beneficiary child(ren)-Medicare	N/A	N/A
Widow(er) only-Medicare	N/A	N/A
Widow/bene child-Medicare	403.30	0.00

*Part A and B medicare members must enroll in Kaiser Senior Advantage

BlueCross BlueShield Dental Plans

BlueCross BlueShield Dental High Option	Total Cost	Employee Cost
Employee/Retiree only	28.85	7.21
Employee/Retiree and child(ren)	55.70	13.93
Employee/Retiree and spouse	61.29	15.32
Employee/Retiree and family	88.21	22.05
Beneficiary child(ren)	26.86	6.72
Widow(er)	32.44	8.11
Widow(er)/bene child(ren)	59.35	14.84

BlueCross BlueShield Dental Low Option	Total Cost	Employee Cost
Employee/Retiree only	28.85	7.21
Employee/Retiree and child(ren)	52.06	13.02
Employee/Retiree and spouse	61.15	15.29
Employee/Retiree and family	82.40	20.60
Beneficiary child(ren)	23.21	5.80
Widow(er)	32.44	8.11
Widow(er)/bene child(ren)	53.23	13.31

OHS, A CompBenefits Company Dental Plans

CompBenefits Access Managed Dental Plan	Total Cost	Employee Cost
Employee/Retiree only	13.60	3.40
Employee/Retiree and child(ren)	26.40	6.60
Employee/Retiree and spouse	27.74	6.94
Employee/Retiree and family	41.96	10.49
Beneficiary child(ren)	26.40	6.60
Widow(er)	13.60	3.40
Widow(er)/bene child(ren)	26.40	6.60

CompBenefits Dental Plan Preselect	Total Cost	Employee Cost
Employee/Retiree only	10.22	2.56
Employee/Retiree and child(ren)	18.58	4.65
Employee/Retiree and spouse	20.34	5.09
Employee/Retiree and family	31.50	7.88
Beneficiary child(ren)	18.58	4.65
Widow(er)	10.22	2.56
Widow(er)/bene child(ren)	18.58	4.65